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THE STAMP OF THE PATENT AND TRADEMARK OFFICE AFFIXED HERETO WILL BE ACCEPTED AS EVIDENCE OF RECEIPT OF THE FOLLOWING:

COPY OF PAPERS ORIGINALLY FILED

In re the U.S. Patent Application entitled

"CASINO STYLE GAME OF CHANCE APPARATUS"

Applicant: Mark Hamilton Jones

Serial No.: 09/810,800 - Filed: 3/15/01

Docket No.: 5450 PA02

Enclosed: Amendment (9 pgs.); Transmittal letter; Petition for one month's Extension of Time (2 pgs.); check in the amount of \$55 for fee for one month's extension of time; and return postcard.

Mailed by First Class Mail on 8/12/6 2_ HCT:ht PECT PD

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I hereby certify that this correspondence is being deposited with the Untied States Postal Service as first class mail in an envelope addressed to:

Box Fee Amendment Commissioner for Patents, Washington DC 20231

HOWARD C. TARR

(Applicant, Assignee, Registered

Representative)

(Signature

Date: 8/12/02

Docket No. 5450 PAC

re Patent Application of:	Mark Hamilton Jones
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Serial No.: 09/810,800 - Filed: March 15, 2001 - Group Activit: 3711 - Examiner: Vishu K. Mendiratta

For: CASINO STYLE GAME OF CHANCE APPARATION

Assistant Commissioner for Patents WASHINGTON, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Applicant is a small entity - Verified Statement: is attached.

has already been filed.

In Addition to the Amendment, the following documents are enclosed:

Self-addressed postcard for acknowledging receipt Petition for extension of time (__one___months) Other:

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Calculation of Additional Claim and/or Extension Fees						
(1) Claims	(2) Remaining after amend.	(3)	(4) Highest No. Previously Paid for	(5) Extra	(6) Entity: a (Small) or b (Large)	(7) Fee/Rate
Total	13	Minus	2.0	e x	a \$9 b \$18	0
Independent	1	Minus	3	e X	a \$42 b \$84	0
For the addition of multiple dependent claims, add					a \$140 b \$280	
One month Extension Fees (select only one)					a \$55 b \$110	55.00
· · · · · · · · · · · · · · · · · · ·				Two months	a \$200 b \$400	
				Three months	a \$460 b \$920	
Total Additi					onal Fee	55.00

*******	No	additional	fee	is	required.
4					-

Fee check in the amount of \$ 55.00 is enclosed (includes any claim fees and/or extension fees).

The Commissioner is hereby authorized to charge payment to any additional fees required under 37 CFR 1.16, or credit any overpayment to Deposit Account No._______. A duplicate of this sheet is enclosed.

This Amendment is being sent by facsimile transmission on

Thomas J. Tighe 6265 Greenwich Drive, Suite 103 San Diego, CA 92122 (858) 450-1881 Facsimile: (858) 450-1898

Howard C. Tarr Reg. No. 29,449